MEDICAL JURISPRUDENCE AND POLICE.

55. *Action of Iodide of Lead.*—The soluble componnds of iodine are poisonous, while those which are insoluble, or little soluble, are less deteriorating to the animal frame. Anxions to know the effect of the yellow iodide of lead, M. Paton ndministered 12 grains to a cat of moderate size. In 4 hours the nnimal did not seem to experience any inconvenience: then 12 other grains were given; in 12 honrs the animnl became uneasy, nnd constantly refused every kind of food. It nppeared to suffer in the kidneys; latterly it was attacked with violent colic, whieh caused it to jump up to great heights. It died 3 days nfter taking the poison, suffering drendfully. The nutopsy made 12 honrs after, detected no trace of irritatien; the lungs were of n pale rose colour; the stomaeh was empty, and contained n lnmbrieus; n yellow spot was observed at the pylorus; the intestines, which contained very little matter, were occnpied by 3 tæniæ. Paton examined the interior of the stomaeh ehemically, hut was unable to detect any poison. He collected the fæces, the matter in the intestines; no fragment of the iodide was visible. They were then hoiled in distilled water, the liquid filtered and decolorized by charcoal, bnt no effect was prodneed by tests for lend. The matter remaining in the filter was digested in dilnte nitric aeid; the solution was filtered; n precipitnte was obtained on pouring in n solution of ehromate of potash. The liquid was evaporated; the residne calcined nlong with what was left by the evaporation of the water, and the whole brongbt in contnet with dilute nitric acid. Nitrous gas was disengaged, and the solntion aeted to re-agents like the solution of the salts of lead. Hence Paton eoncludes, thnt the iodide of lead introdneed into the stomaeh is partly absorbed, and that it is this portion which produces death, and the remainder passing into the intestines may be detected by the methods deserihed.—*B. Ann. Med.*, *March* 3*d*, 1837, and *Journ. de Chimie Méd.* Jan. 1837.

56. *Mode of detecting Arsenic in Bread.*—M. Paton, who has been examining this subject, recommends crnmbling the bread, digesting it in hot water for half an hour, filtering, adding then an infusion of galls made in the cold; the solntion is filtered, and the clenr liqnor tested for the nrsenious acid.—*B. Ann. of Med.* Feh. 24, 1837.

57. *Poisoning with muriate of Baryta.* The following rare case of fatal poisoning with muriate of haryta is related hy Dr. Wach of Mersehnrg in Henke's *Zeitschrift für die Staatsarzneikunde* for 1835. The wife of n mnnufaetnring ehemist, æt. 42, in the absence of her master took half an ounce of powdered muriate of baryta, mistaking it for glanber salts, and having dissolved it in warm water swallowed the whole at onee. Soon after she was seized with nausen, retehing, twitehing of the facial muscles, aad convulsive twitehiag of the hands and feet, to which sueeeeded a violent vomiting of n mneo-aqueous fluid, which the servant in attendance threw nway. These symptoms continued with increasing severity, the twitching of the face and of all the limbs grew rapidly worse, and, before the nearest physician had arrived, she expired under the most violent convulsions, scarcely two hours from the time of taking the salt.

Sectio cadaveris.—The body was rather fat, the mouth rather closed, the features were distorted, and the fingers spasmodienlly contracted—abdomen nnd præcordia snnk. In the eavity of the abdomen the great and the small omentnm nanstally red, their vessels being filled with blood, the stomaeh contracted, and the vasa brevin tnrgid with blood—the peritoneal coat of the stomaeh of a dark brown colour and much inflamed. At the distance of 3¼ inches (Parisinn measure), from the cardiae orifice, and 9 lines from the smaller enrvature on the posterior wall, there was a perforation of the coats of the stomaeh of nn oval form, and measuring three lines in diameter on the external surface, and 7½ on the inner. The edges were very much swollen, and the mucous membrane for the space of two inches aronnd was thickened and covered, not with pus, hnt n bloody mucus. The entire mncous membrane of the stomaeh was highly inflamed, and covered with mucous and coagulated blood. The muscular coat, with the exception of the place where the perforation existed, was no where softened or at-

teanoted, hnt in n normnl stote. The cardia and pylorus, the dnodennm, jejnoum, and ilium, were nll in n high stote of inflammotino, the macoos membrane softened, thickeaed, aad smeared with a bloody mucus. The small intestiaes coatained several nuoces of n hrownish-red slimy flaid, mingled with clotted hlood. The colon throughout its eutire leagth was morhidly contracted, so thot its calihre was eveo one-third less thoo thot of the smoll intestine. Many hrood ecchymosed patches, from half an ioch to ao inch in length, were observed oo its ianer surface. The phorynx ood œsophagus were slightly inflamed. The convex surface of the liver ndhered throughoot to the diophragm, and the hlood flowiag from incisions io this orgao and in the spleen was thick nnd nf a very dnrk colour. In the gall-hladder was n palc-yellow gall-stooe of the size of a hazel-nut; the gall itself pale-yellnw oad watery. Io the nterus were maoy little clots of coagulated blood, the hlood-vessels nf the ovaries turgid, the external ood ioternal parts of generatioo io the virginal state. The luags and brain were coagested with thick black hlood.

Dr. Wach observes thot the ndhesions hetween the liver aod diophragm, the gall-stooe, the morhid condition of the gall, ood the contracted stnte of the large intestine, ia oll probahility existed ot the time the poisna was taken, ond thot the appearaaces io the nterns and ovaries might be depeodent nn the menstrool discharge; hut, he ndds, nll the other morhid chnoges, including the perfnration of the stnmach, were certoinly occasinoed by the irritnot octinn of the poisno.—*Medico-Chirurg. Review*, Jao. 1837.

EPIDEMICS—INFLUENZA.

58. *Influenza.*—Our readers hove, of cnurse, learned throngh the newspapers of the prevaleoce in Great Britino ond France during the past wioter, of an Influenza, though we helieve thnt no accnunt from professionnl snnrces has as yet been pnblished in this conntry. This epidemic cnomeoced in London nbout the 1st nf Jaonary, ond prevailed during the whnle nf thot nnd the greater part nf the succeeding month. A very large proportinn nf the popnlntion were ottocked by it, aad the mortolity was considerahle. As in oll probobility it will reach this coantry, we hove carefully gleaaed from our Jouraols every thing in relotioo to it of interest which they cootoin, in nrder to satisfy the cnriosity which we are sure oar readers must feel for informatioa on the sabject.

59. *Debate in the London Medical Society relative to the Influenza.* Janoary 30, 1837.—Dr. Clutterbuck this evcoing presooted to the Society a paper on the present epidemic. After speaking nf the great interest nttnching to the subject, the anthor remarked that epidemics nf this kiod hod been knnwn for aboot 300 years, nnd that there hod probahly hcen mony hefnre, not recorded, though it was likely that their history would be of little benefit os offording precedents for the treatmeal of the present geaeral catarrh, since nll epidemics were more or less modified by circumstonces. In the present epidemic the great oatline of symptoms was strikingly similar in the generality of cases, though vorintions existed io particular instances. It generally commenced with n chill, followed hy rigors, theo heat and dryness of the skio, sneezing, lachrymotino, ond pains in the head, back, and limbs, with n frequent ood small pulse, white tnngue, nod watchfuloess. It bore in many particulars a strnng likeness to the measles, and the anthor hod occasinnolly expected to see the eruption of that diseose in cases which occorred io childreo, bat of course he did not detect it. Io some patients there was sore throat; in more severe nnes, vomiting nod delirinm; ond in nne case he hnd seen actuol phrenitis. The symptoms, however, were, geocrally, slight aad trivial, like those of commoa catarrh, generally lasting ten or twelve days. If the bed was kept for n couple of days a perspiretion broke out, and the case weat oa well. The aature of the disease, he should say, wos specific, nrising from n specific cause—nsing the word *specific* to distinguish it from commoa disease—taking on nll the charocters of nrdinnry catarrh, with the oddition of cerehral disease. We were igaoraat of the conse of the disease, hnt it was evidently, directly or indirectly, coonected with ntmospheric chaoges; hnt whether resnlting from a phy-